

Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

May 12, 2004

Mayor Seng and City Council City of Lincoln City County Building Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Potential II., d.b.a. Buffalo Wild Wings, 7301 South 27<sup>th</sup> Street #100 requesting a class I liquor license.

James Haran, president has requested that he be approved as the manager of the liquor license.

Background information on Mr. Haran will be omitted as the Council has approved Mr. Haran as the owner/manager of BW 3 located at 1328 'P' Street which holds a class I liquor license.

Stockholder information is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

The & Com

# ATE OF NEBRASKA

set att PH: 6-7-04



Mike Johanns Governor

> City Clerk of Linc City/County Build 555 S 10 Street Lincoln, NE 6850

me know dute what PH dute what for you your

Kuss-Let

Dear Local Gover ....

CITY CLERK'S NEBRASKA LIQUOR CONTROL COMMISSION Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046 Lincoln, Nebraska 68509-5046

Phone (402) 471-2571 Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: http://www.nol.org/home/NLCC/

Potential II de Bustalo Wildwing 7301 So. 27, # 100 Class I 68512

**'04** MAY 10 PM 3 39

May 6, 200 NEBRASKA

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

#### TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-1) 134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- There is a recommendation of denial from the local governing body, 1)
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- Physical possession of the license; 2)
- Effective date on the license. 3)

Sincerely. ackie B. Matulka

NEBRASKA LIQUOR CONTROL COMMISSION

Jackie B. Matulka Licensing Division

Enclosures

Rhonda R. Flower Commissioner

**Bob Logsdon** 

Chairman

R.L. (Dick) Coyne Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper :

FORM 35-4001 REV. 12/99 Local-jbm

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission PO Box 95046,

301 Centennial Mall South Lincoln, NE 68509-5046 L # 6 3 1 35 http://www.hol.org/home/NLCC/ Phone: (402) 471-2571 Fax: (402) 471-2814 RECEIVED

APR 2 9 2004

NEBRASKA LIQUOR CONTROL COMMISSION

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (\*)

### CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

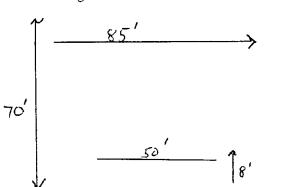
Registration Fee	License Fees	Corporate Surety Bond
\$45.00	Collected a Local Level	exempt
\$45.00	Collected at Local Level	exempt
\$45.00	Collected at Local Level	exempt
\$45.00	Collected at Local Level	exempt
\$45.00	Collected at Local Level	exempt
\$45.00	\$150.00	exempt
\$45.00	\$150.00	exempt
\$45.00	Collected at Local Level	exempt
\$45.00	Collected at Local Level	exempt
\$45.00	Collected at Local Level	exempt
\$45.00	Collected at Local Level	exempt
\$45.00	\$50.00	exempt
\$45.00	Varies \$100 to \$1,000	\$10,000 min.
\$45.00	\$500.00	\$ 5,000 min.
\$45.00	\$250.00	\$ 5,000 min.
\$45.00	\$250.00	\$ 1,000 min.
\$45.00	\$250.00	\$ 1,000 min.
	Registration Fee \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00 \$45.00	Fee         Fees           \$45.00         Collected a Local Level           \$45.00         Collected at Local Level           \$45.00         Collected at Local Level           \$45.00         Collected at Local Level           \$45.00         \$150.00           \$45.00         Collected at Local Level           \$45.00         S50.00           \$45.00         \$50.00           \$45.00         \$50.00           \$45.00         \$500.00           \$45.00         \$250.00           \$45.00         \$250.00

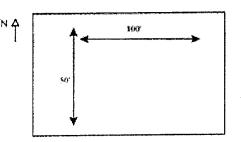
TYPE OF APPLICATION *	CORPORATE SURETY BOND INFORMAT		
Type of application being applied for (check appropriate box)	Bond Company - for Classes L V W X Y only		
<ol> <li>C Individual License requires Form 1 to be attached.</li> <li>Partnership License requires Form 2 to be attached.</li> <li>Corporate License requires Forms 3 and</li> </ol>	Start Date Month/Day/Year Bond Number		
Manager Application to be attached	·		

Trade Name (nam Potential II LLC	e of business) dba Buffalo Wild Wings	Telephone Number 402-420-2999	r at premise to be licensed
1) Street Address of Proposed licensed premise 7301 S. 27th St. Suite 100		Mailing Address for receipt of Liquor Control Commission mailings     4820 Larkwood Rd.	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68512		Zip Code 68516	

## DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.





Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

Entire BWW Building

85' x 70' main floor

plus outdoor covered stating
on south side of Building

approximately 50' x 8'.

OTHER IN REQ			TION
ALL V	Yes		Explanation/Comments Note: Only what is visible on screen will be printed
* 1. READ CAREFULLY. Answer completely and accurately.  Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.	Yes C	No •	
* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).	Yes	No •	
* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.	Yes	No 🌀	
* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	Yes 🌀	No C	G.E. Capital Finance
* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? I yes, explain.	Ye	s No	

		$\neg$	
* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	Yes No		
* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?	Yes No		
* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.	Yes No		
* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.	Yes No		
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	City Bank & Trust Crete, NE  James M. Haran		
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	Potential LLC 1328 P St. License # 34690		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	James M. Haran 55 hours / week		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.		-Certified in Responsible Serving PracticesRHC class -I.D. Checking class		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)		1 deal 2014		
15. When do you intend to open for business'	?	Sept. 2004		
16. List the principal residence for the past 1 a separate sheet.	0 years for all	persons required	to sign application. If necessary attach	
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)	
James M. Haran attercal	1971	1996	Chicago, IL	
	1996	Present	Lincoln, NE	
James E. Haran & Kuthullen	1941	Present	Chicago, IL	
Timothy K. Rodriguez & Lindocata	1994	1996	Gulfport, MS	
	1996	2003	Lincoln, NE	
	2003	Present	Eagle, NE	

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The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign here form M Ham	Sign Here Linux & Kexlwyy  APR 2 9 2004
Sign Here Kathleen 7 Hasan	Sign Here Kimberly a Rodicontrol COMMISS
Sign Jusa M. Harv	Sign Here
Sign Here James Haren	Sign Here
Subscribed in my presence and sworn to before me this	23rd day of April, 2009
	(SEAL)  GENERAL HOTARY - State of Nebraska  KAREN HOOPER  My Correr. Exp. Sept. 18, 2007
In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.	Sign Keunt Topper  Notary Public Signature
Verify	& Print form

FORM 35-4010

**REV 1/01** 

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## **Application for Corporate Manager**

\*Must Be A Nebraska Resident\* Please submit in Triplicate APR 2 9 2004

NEBRASKA LIQUOR

Return to: Nebraska Liquor Control Commission, I 301 Centennial Mall So., Lincoln NE 685	
Phone: (402) 471-2571 Fax: (402) 471-2814	Web address: http://www.nol.org/home/NLCC/
Required areas marked by a red asterisk (*)	
LIQUOR LICE	ENSE INFORMATION
Name of Licensed Corporation  Potential II LLC  *	Class & License number  *
Trade Name of Licensed Premise  Potential II LLC dba Buffalo Wild Wings  *	
Street Address of Licensed Premise	City County
7301 S. 27th St. Suite 100 *	Lincoln * Lancaster *
On behalf of the corporation, I designate this individual  Signature of Corporate President/CEO:	as corporate manager.
APPLICANT INFORMA	TION (MUST BE 21 OR OVER)
Full Name (Last, First, Middle, Maiden)  Haran, James, Michael  *	Sex * F M C • Social Security Number *
Date of Birth  * Place of Birth  Chicago, IL	*
Home Street Address 4820 Larkwood Rd. *	City County Lincoln * Lancaster *
State Zip Code  NE * 68516 *	Home Telephone Number 402-420-5643 *
Business Telephone Number  402-475-2999 *	rs License Number State  * NE *

Are You Married? \* Yes 6 No C If Yes, You must complete the following:

#### SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden) Haran, Teresa, Marie, Frauenhoffer		Social Security Number
Drivers License Number	State NE	Date of Birth
Place of Birth Chicago, IL		
* 1. READ CAREFULLY. Answer completely and accur Has anyone who is a party to this application, or their spous charge. Criminal charge means any charge alleging a felony violation of a local law, ordinance or resolution. List the na and month of the conviction or plea. Also list any charges please list charges by each individual's name.  Yes No	se, <u>ever</u> been convicted y or misdemeanor violature of the charge, who	ation of a federal or state law; or a ere the charge occurred and the year
* 2. Have you or your spouse ever made application for an for what premise give license number and date.  Yes No   1328 P ST  Lincoln NE  License # 34690 1996 Present		nager for any liquor license? IF YES,
* 3. Have you or your spouse ever made a compromise sets  Yes No  C  •	tlement for violation of	f such laws?
* 4. Do you, as a manager, have all the qualifications requi License? Nebraska Liquor Control Act (§53-131.01) Yes No	ired by any person enti	tled to hold a Nebraska Liquor
* 5. Have you filed fingerprint cards and PROPER FEES application?  Yes No  • C	(if check, make out to	the NE State Patrol), with this

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE
Year
From To
Applicant: City & State  James M. Haran Chicago, IL 1971 1996
Spouse: City & State  Teresa M. Haran Chicago, IL 1962 1996
Year
From To
Applicant: City & State  James M. Haran Lincoln, NE 1996 Presen
Spouse: City & State  Teresa M. Haran Lincoln, NE 1996 Present
Year
From To
Applicant: City & State
Spouse: City & State
Year
From To
Applicant: City & State
Spouse: City & State
Spouse. Sty St State
EMPLOYERS - LIST LAST TWO EMPLOYERS
Year
Name of Employer From To
Buffalo Wild Wings,
Name of Supervisor Telephone Number
Tim Rodriguez 475-2999
Year From To
Name of Employer From To  Transparent Container 1994 1996
Talankana Number
Name of Supervisor  Dan Greiwe  312-666-4413
PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY

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#### APPLICANT & SPOUSE

APR 2-9 2004

STATE OF NEBRASKA )

Output

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NEBRASKA LIQUOR CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Signature of Applicant

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this

Subscribed in my presence and sworn to before me this 25 day of April 2004.

Notary Signature & Seal

Notary Signature & Sea

GENERAL NOTARY - State of Nebraska
KAREN HOOPER
My Comm. Exp. Sept. 18, 2007

Verify and Print

GENERAL NOTARY - State of Nebraska
KAREN HOOPER
My Comm. Exp. Sept. 18, 2007

FORM 35-4013 REV. 2/01

### Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

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#### INSTRUCTIONS:

1) Application and application for manager must be typewritten and submitted in triplicate

APR 2 9 2004

2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25%

of the stock, b) chief executive officer, c) proposed manager and d) all spouses

3) Information regarding spouses must be completed Required areas marked by a red asterisk (\*)

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Corporation That Will Hold License. <b>Attach copy</b> Incorporation	of Articles of	Total Nur corporation	nber of Shares (if on)
Potential II LLC *		N/A	*
Corporate Street Address Ma 7301 S. 27th St. Suite 100 * 48	illing address for received Larkwood Rd. L	ipt of Liquor Control incoln, NE 68516	Commission Mailing:
City  Corporate Telephone Number  420-5643 * *	County Lancaster *	1 1 T	Zip Code 68512 * -
Name of Registered Agent Potential II LLC dba Buffalo Wild Wings *	Name of Pro James Hard	posed Manager an	*
IN THIS SECTION LIST THE NA	ME OF THE CHIE	F EXECUTIVE OF	FICER
Name James M. Haran	Title President	. *	Date of Birth
Social Security Number Home Address (1)  * 4820 Larkwood Rd.		* Ci	ty incoln
State         Zip Code           NE *         68516 * -		Home Telephon 402-420-5643	
PRINCIPLE OFFICERS, DIRECTOR	S, STOCKHOLDE	RS, MEMBERS AN	D SPOUSES
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Haran, James, Michael			President
Spouse Name Haran, Teresa, Marie, Frauenhoffer			
Partner Number of Shares / % 50	Spouse Number of	Shares / % 0	
Name of Officers, Directors, Members and Spouses. Give			

Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Haran, James, Edward			V. President
Spouse Name Haran, Kathleen, Francis, Waldron	j	)	<u> </u>
Partner Number of Shares / % 49	Spouse Number of Si	hares / %	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Rodriguez, Timothy, Kirk			Secretary
Spouse Name Rodriguez, Kimberly, Ann, Rehder		an management with the contract of the contrac	
Partner Number of Shares / % 1	Spouse Number of Si	hares / %	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of S	hares / %	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of S	hares / %	:
(If Necessary, Continue on Separate Sheet)			

Is this Corporation/LLC controlled by another Corporation?	RECEIVED
Yes C No 6	nective
Name of control Corporation	APR 2 9 2004
	·
	NEBRASKA LIQUOR CONTROL COMMISSION
If YES, LIST EACH STOCKHOLDER/MEMBER OWNING	MORE THAT 25% stock/interest in that corporation/LCC.
Any applicant who has a Corporation as a shareholder MUST corporations owning more than 25% stock and listing of the pe	rcentage of stock owned.
Please indicate below your corporate tax year with the IRS	mpulani ministrati
Starting date: Ending date:	
State of NEDraSka	
State of NEBraskac  Lancastar county	SS.
12/11/2011/201	1
Notary Public Signature & Seal	President/Member
GENERAL NOTARY - State of Nebrasika KAREN HOOPER	
My Comm. Exp. Sept. 18, 2007	
In Compliance with ADA, this form is available in other	$\mathcal{O}$
formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate	Secretary/Member
format.	
Verify Form and Print	

FORM 35-4183 REV. 02/01